

**Lexington Fayette Urban County Division of Community Corrections
Criminal History Request**

By completing this form, you are requesting that a search of criminal records be performed to determine whether you should be granted access to the Fayette County Community Corrections Facility.

Full Name (Last, First, Middle); _____

List any other names used by you: _____ Date of Birth: _____

Race: _____ Gender: _____ Social Security #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email _____ Ph # Work _____ Cell _____ Home _____

Organization or Affiliation, Name of Law Office: _____

Is this request for access for a limited time frame? If so indicate how long the access is required. _____

Have you lived anywhere other than Fayette County Ky. _____

If yes, please list where and when: _____

Signature: _____ Date: _____

**PLEASE DO NOT COMPLETE BEYOND THIS POINT
TO BE COMPLETED BY THE REQUESTING AREA SUPERVISOR**

- | | | |
|--|--|--|
| <input type="checkbox"/> Legal, Attorney, (Note: copy of current BAR card is required) | <input type="checkbox"/> Teacher | |
| <input type="checkbox"/> Substance Abuse Counselor | <input type="checkbox"/> Religious Programs | <input type="checkbox"/> Education/Life Skills |
| <input type="checkbox"/> Kitchen Staff | <input type="checkbox"/> Med. Staff | <input type="checkbox"/> Comp. Care Staff |
| <input type="checkbox"/> New Employee | <input type="checkbox"/> Other (specify) _____ | |

Requested by: _____

NOTE: Facility issued Key fobs are randomly deactivated for security reasons. If you are issued one and discover that it is not functioning please contact Jail Computer Services for re-activation.

TO BE COMPLETED BY CLASSIFICATION STAFF

Prior Arrests: _____

Outstanding Warrants: _____

Prior Arrests or Outstanding Warrants: (Circle One) YES NO

NCIC Checked By: _____ Date: _____

Reviewed by: _____ Date: _____

Approved / Denied (circle one, give reason for denial) _____

Current CDK, 12/7/09